



## MUNSTER CO-OP NURSERY SCHOOL ~ 2011/2012 Registration Checklist ~

\*The following information is required to guarantee your child's placement. Incomplete Registration forms will be returned and can be resubmitted once all information is available.\*

### FORMS

1. Parent Participation Form \_\_\_\_\_
2. Registration Form \_\_\_\_\_
3. Authorization Form \_\_\_\_\_
4. Child Information Form \_\_\_\_\_
5. Policy Sign-off Form  
(For the following Policies: Classroom Management, Anaphylaxis,  
Playground Safety, Inclement Weather, Snack & Field Trip, Confidentiality) \_\_\_\_\_
6. Immunization Form & Record \_\_\_\_\_
7. Police Check & copies of ID (see list) \_\_\_\_\_

### FEES

1. Registration Fee per child (\$40.00 ~ Non-refundable) \_\_\_\_\_  
**Registration Fee per child \$25.00, if Reg. Package received by Friday, April 29, 2011**
2. Tuition Fees \_\_\_\_\_  
(10 cheques, post dated for the first of every month, Sept to June)  
OR  
(2 cheques, post dated for Sept for Sept – Dec semester and post dated for Jan for Jan – June semester)  

Tuition with Duty days	Tuition with Non-Duty days
2 classes/week = \$95.00/month	2 classes/week = \$135.00/month
3 classes/week = \$135.00/month	3 classes/week = \$195.00/month
3. Fundraising Cheques \_\_\_\_\_  
(to be held or to be cashed if applying as a non-fundraising family)  
❖ cheques dated December 1, 2011 and June 1, 2012 for  
\$150 each if 2 days/week  
\$200 each if 3 days/week

To be           **HELD**   or   **CASHED**           (please circle one)

\*\* Please make cheques payable to **Munster Co-operative Nursery School** \*\*  
If you have any questions, please contact the Registrar (see website) or the school at  
**(613) 838-8754**

*\*Please familiarize yourself with the Handbook prior to the start of school\**



## MUNSTER CO-OP NURSERY SCHOOL ~ 2011/2012 Parent Participation Form~

The co-operative spirit is a great resource and precious asset to the success of the Munster Co-operative Nursery School.

In keeping with that spirit we ask that you please indicate your first, second, third and fourth choice (in order with number). Positions are voted on at the AGM if more than one parent is interested in holding said position; and/or assigned so that most get their first or second choice, but none are guaranteed.

It is most helpful for the direction of the co-operative that you select either a committee or an Executive position, or you will be assigned to the one where you are most needed.

### Annual General Meeting Thursday May 5, 7:00pm in the MCNS Classroom

<p>Child's Name: _____</p> <p>Participating Parent: _____</p> <p>Circle your Child's Class:</p> <p>2 yr old      3 yr old AM      3-4 yr old PM</p> <p><b>All co-op parent members are required to:</b></p> <ul style="list-style-type: none"> <li>❖ <b>Do Classroom Duty Days</b></li> <li>❖ <b>Assist with school related Community Events</b></li> <li>❖ <b>Serve on one Committee or Executive Board Position</b> <i>(one parent per family)</i></li> </ul>	<p><b>COMMITTEES: Co-op Jobs</b></p> <p>_____ Fundraising Team (minimum 4 people)</p> <p>_____ Corporate Sponsorship Coordinator(s)</p> <p>_____ Webpage Coordinator</p> <p>_____ Scholastic Books Representative</p> <p>_____ Housekeeping Coordinator &amp; Maintenance</p> <p>_____ Housekeeping Team</p> <p>_____ Teacher's Aid &amp; Special Events Coordinator (s)</p> <p>_____ Book Keeper</p> <p><b>EXECUTIVE (Board) Position:</b></p> <p>_____ President</p> <p>_____ Vice-President</p> <p>_____ Secretary</p> <p>_____ Registrar</p> <p>_____ Treasurer</p> <p>_____ Fundraising Director</p> <p>_____ Liaison</p>
---	--

**MUNSTER CO-OP NURSERY SCHOOL**  
~ Registration Form ~

**CHILD'S:** Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Birth date (dd/mm/yyyy) \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Sex (circle one) M / F

Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: _____	Father's Name: _____
Address: _____ _____ _____ <i>(if different from child's address)</i>	Address: _____ _____ _____ <i>(if different from child's address)</i>

Cell Phone (_____) _____ - _____	Cell Phone (_____) _____ - _____
Work Address: _____ _____	Work Address: _____ _____
Bus. Phone (_____) _____ - _____	Bus. Phone (_____) _____ - _____

Caregiver's Name: _____	Caregiver's Ph. (_____) _____ - _____
----------------------------	---------------------------------------

Home Email Address \_\_\_\_\_  
*(for MCNS purposes only)*

**Choice of Program (please check)**

- 2 Year old Program**            Tues. & Thurs. A.M                      (9:15a.m. – 11:30a.m.)
- 3 Year old Program**            Mon., Wed. & Fri. A.M.                      (9:15a.m. – 11:45a.m.)
- 3-4 Year old Program**            Tues., Wed. & Thurs P.M.                      (1:00p.m. – 3:30 p.m.)

\*\* Programs are subject to change dependent on enrolment\*\*



## MUNSTER CO-OP NURSERY SCHOOL ~ Legal Responsibility ~

I/We the undersigned parents or guardians of the above registered child understand that the Munster Cooperative Nursery School is a non-profit organization, administered voluntarily by the parents of the children. Thus, I/We will not undertake any action against the school or staff of the Nursery School for responsibility or liability arising from or out of any accident which may occur from any cause whatsoever on or about or en route to or from the school premises. I/We understand that coverage has been obtained for any act of negligence in which a staff member or member of the Nursery School would be legally liable. I/We understand that the Nursery School and its staff will attempt to take due precaution that such negligent acts will not occur.

I/We have read the MCNS Parent Handbook and agree to the conditions set forth therein.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

And/or Father's \_\_\_\_\_ Date \_\_\_\_\_

Fees:

- Tuition Cheques
- Fundraising Cheques (dated Dec. 1<sup>st</sup> and June. 1<sup>st</sup>)
- To be CASHED as a Non-Fundraiser?
- Registration Fee \$40.00

**FOR MCNS PURPOSE ONLY:**

**Admission date:** \_\_\_\_\_

**Discharge date:** \_\_\_\_\_



## MUNSTER CO-OP NURSERY SCHOOL Authorization Form ~ In Case of Emergency

If the parents/guardians cannot be contacted by phone, I hereby authorize \_\_\_\_\_ at phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ to act on my/our behalf in the interest of my/our child, \_\_\_\_\_.

If the parents/guardian or third party cannot be contacted, I authorize the school to take all necessary emergency measures including calling 911 first response care and taking my child to a hospital for medical treatment.

Doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Doctor's address \_\_\_\_\_

### Authorization Form ~ Release of the Child

I/We, the undersigned, as parents/guardians of \_\_\_\_\_ do hereby give our authorization to allow the following people (must be 18 or older) other than parents/guardians, to pick up my/our child from Nursery School. I/We understand that unless notified in writing, the Nursery School will not release my/our child to any person other than those listed herein.

Authorized person \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Authorized person \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Authorized person \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_



## MUNSTER CO-OP NURSERY SCHOOL ~ Media Permission Form ~

We would like to tell the community about the many positive things taking place in our school. However, we want to strike the right balance between getting our message out and respecting the wishes of parents/guardians who do not want their children photographed or videotaped.

There are a few opportunities during the school year when children can be photographed, interviewed or videotaped: for example, during special events or for newspaper coverage. These may be used for publicity and educational purposes.

Photos, videos or interviews will only be allowed with the Director's permission and will not be used for commercial gain. Photos, videos or interviews may be published both in news publications and online, including the nursery school's website and Facebook pages.

- I consent to my child being photographed, videotaped, or interviewed and his/her image and name being used in school publications, website, Facebook and media coverage of school-related events.
- I consent to my child being photographed, videotaped, or interviewed. I consent to his/her image being used in school publications, website, Facebook and media coverage of school-related events. I do NOT consent to his/her name being used in school publications, website, Facebook or media coverage
- I do NOT consent to my child being photographed, videotaped, or interviewed.

Additional comments:

---

---

Child's Name: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

And/or Father's \_\_\_\_\_ Date \_\_\_\_\_



**MUNSTER CO-OP NURSERY SCHOOL**  
**Child Information Form**  
**~ Getting to Know Your Child ~**

**Child's Name** \_\_\_\_\_  
Surname Given Name (commonly used)

Does the child have siblings? If yes, list name and ages.

---

What are some of your child's likes and dislikes e.g. books, movies, toys, nature, etc.?

---

---

Where do you like to go for outings?

---

List any allergies to medications, environment, anesthetics, etc. Does your child use an epi-pen? (food allergies are below)

---

List any food allergies.

---

Do any particular events or circumstances upset your child?

---

What helps to calm your child?

---

Does your child have any speech difficulties/delay? Does your child speak another language – please list all?

---

Is your child toilet trained?

---

Has your child had any other school or formal group experience?

---

Has your child had any other experience away from parents?

---

How does your child normally react when left?

---

Have there been any notable experiences which might affect your child's behavior at MCNS e.g. loss of a family member, change of address, change of schools?

---

Any other comments or information about your child that may assist the teacher:

---

---

What expectations do you have for your child and for yourself from the school?

---

---



**MUNSTER CO-OP NURSERY SCHOOL**  
**~ Parent Information Form ~**

**Child's Name** \_\_\_\_\_  
Surname Given Name (commonly used)

Do you have any special talents, hobbies or skills that you could share with the children as a special visitor or for a school event? (e.g. singing, playing a musical instrument, etc.)

---

Do you have any child-friendly pets that you could bring for a visit?

---

Upon occasion the Nursery School requires some guidance beyond the scope of our normal operations. Do you have an area of expertise that we may call upon if the need arises ( e.g. publishing, law, finance, education, art, music, and computers)? If yes, please specify:

---

---



## **MUNSTER CO-OP NURSERY SCHOOL** **~ Classroom Management Policy ~**

### **1. Classroom Management of the Staff**

- ❖ The children of Munster Co-operative Nursery School will be treated in a kind and respectful manner at all times. Their self-esteem and confidence are of prime importance.
- ❖ Classroom management is regulated by the Day Nurseries Act.
- ❖ At no time do we permit corporal punishment to be used on a child. (S.45(1)(a), 0802-06)
- ❖ At no time do we permit harsh or degrading measures to be used that would humiliate a child or undermine their self-respect. (S.45(1)(b), 0802-06)
- ❖ At no time do we permit exits to be locked for the purpose of confining a child unless otherwise approved by a Director. (S.45 (2)(a), 0802-06)
- ❖ This policy is in effect for all staff, volunteers, co-op students, and parents regardless of their relationship to any particular child.

This policy is monitored by observation by both the teaching staff and the parents. If at any time a contravention of these policies is observed a written record will be kept and a written reprimand will be issued. In such a case, the Board will review the contravention and may take appropriate action as deemed necessary. In the event that a staff member has contravened these policies, a notation will be included in his/her record of employment.

### **2. Classroom Management of the Child**

The children of MCNS are encouraged to develop problem solving and cooperation skills in the classroom. If a child is behaving in a manner that is not acceptable attempts will be made to redirect the child's focus. If this method fails, the child(ren) will be removed from the area where the conflict occurred. When the child(ren) is/are calm and ready to listen they will work with the teacher or duty parent to find the best solution to the problem.

In extreme cases where the child is in danger of hurting themselves or other children, the child will be removed from the group to a quiet spot in the room or in the hall. At no time will the child be out of eyesight of the teacher or duty parent. Parents will be notified in this situation so that they may work with the teacher to solve the problem.

When solving a conflict, the adult will use active listening and problem solving methods to support the needs of the children involved. It is the goal of the adult to teach the children how to use kind words to make requests and to express feelings. It is also the goal of the adult to teach the children how to compromise and respect one another's feelings and needs.

By using this method of problem solving, you are showing by example that words are more useful than violence. You are also teaching the children that their feelings and needs are equally important, and that no one is 'bad'. The child will always be praised and complimented for his/her appropriate behavior as well as for his/her efforts.

All MCNS staff and parent/guardian members are asked to sign this agreement to follow these mandates at the start of the school year, or following any amendments to this policy.

This policy is to be reviewed annually.

Date reviewed: Feb 27, 2011



## MUNSTER CO-OP NURSERY SCHOOL ~ Anaphylaxis Policy ~

### Intent

To create a safe and healthy environment for children enrolled in programs at Munster Co-operative Nursery School (MCNS) through a cooperative effort by staff, parents, and related agencies.

MCNS will make every effort to minimize allergens within the child-care environment that could potentially cause a fatal allergic reaction, but recognizes that complete elimination of allergens is not a guarantee.

While there is no universally accepted definition, for the purpose of this policy, anaphylaxis will be defined as:

*A severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms, which may lead to death.*

### PROCEDURES

#### Parents

Parents are responsible for informing MCNS if their child has been diagnosed as being at risk of an anaphylaxis reaction, before their child is enrolled in any MCNS program.

Parents are required to provide the following information and signed documents to the Program Director **before** the child may attend the child care program:

- ❖ A medical doctor's (Allergist is recommended/preferred) written description of the child's allergy/allergies, medication and dosage required for the child, and instructions for procedures to follow in case of an allergic/anaphylaxis reaction.
- ❖ To supply daily the required number of epi-pens on site recommended by the medical doctor **(CHILDREN WILL NOT BE ACCEPTED FOR ATTENDANCE WITHOUT THEIR EPI-PENS)**.
- ❖ A list of allergens the child must avoid.
- ❖ A description of symptoms that the child may present with, when experiencing an allergic reaction.
- ❖ An Anaphylaxis Emergency Plan and Consent to Administer Medication forms must be completed and signed.
- ❖ Consent to inform other parents, children, school staff and related agencies who may be involved with the child.

## **Anaphylaxis Policy Continued...**

- ❖ Consent to post information regarding their child's medical condition within the child care program.
- ❖ Encourage to enroll their child in the Medical Alert program.
- ❖ Plan, in cooperation with the Program Director, an initial training session for staff that will be presented by either the parent or a medical professional. Training will involve an overview of the signs and symptoms of anaphylaxis and a demonstration of the use of an Epi-pen. A training session will be done on an annual basis.

## **Child Care Program**

Anaphylaxis management is a shared responsibility; MCNS will put into place the following:

- ❖ An individual Anaphylaxis Emergency Plan for each child that will be posted in a key area of the classroom.
- ❖ Ensure that the parents provide a prescribed epi-pen with a valid expiration period for the school year. The epi-pen will remain in a locked medical box in the classroom at all times.
- ❖ Strategies to reduce the risk of exposure to allergens i.e.: hand washing, disinfecting of tables, and no sharing of food.
- ❖ A communication plan will be developed by the Program Director in cooperation with the parent to ensure that staff, volunteers and students are aware of the policies and procedures needed to protect an anaphylactic child. Before taking part in the program, each of the aforementioned persons will be required to sign an acknowledgement that they have read and understand the policies and procedures. The communication plan will include strategies to be used to educate parents and children, i.e.: sample letters to be sent to members, lists of safe foods, suggestions for snacks.
- ❖ Signs will be posted indicating avoidance of allergens within the programs.
- ❖ Signs will be posted describing the signs and symptoms of anaphylaxis and how to use an Epi-pen.
- ❖ Emergency Procedures will be posted by each telephone, and will be practiced by the staff at a minimum of twice a year.
- ❖ Ensure that non-perishable foods for the allergic child are available. These foods must be provided by the parent

***\*MCNS will not accept, nor allow staff to administer "twin jet" Epi-pens.\****

**Adopted and Effective August 15, 2007**

**Version #2**

This policy is to be reviewed annually.

Date reviewed: Feb 27, 2011



## **MUNSTER CO-OP NURSERY SCHOOL ~ Playground Safety Rules ~**

All parents will be informed of the playground safety rules before their first duty day. Every parent must have received, read and understood the playground safety rules and agree to abide by them. Parents must sign an agreement policy form stating that they understand the safety rules and agree to abide by it.

- ❖ No pushing, shoving or horseplay.
- ❖ Never run down the slide.
- ❖ Never go down the slide head first.
- ❖ Slippery surfaces can cause injuries. The children are to wait until all structures are dry before playing on them.
- ❖ Hold handrails.
- ❖ Never jump from unsafe heights.
- ❖ Ride bikes in the same direction around the pathway.
- ❖ Check children for loose strings, scarves, hat ties, threads etc. for safety.
- ❖ Teach the children how to play safe.
- ❖ Always have a first aid kit in the playground. It is to be carried by the teachers.

In the event of a serious occurrence, the serious occurrence procedure is to be followed. Please see the serious occurrence procedure for more details.

This policy is to be reviewed annually.

Date reviewed: Feb 27, 2011

## **~ Inclement (Cold) Weather Policy ~**

**The Munster Cooperative Nursery School will be closed and classes cancelled when school buses are not running to the Public School Board. Such school bus cancellations are announced on the local radio stations and parents are encouraged to listen to the radio stations for this information. You can also call the nursery school and listen to the answering machine for a recorded message regarding classes.**

This decision was made based on the safety of the children of the school, as well as siblings and parents, while en route to the school. Please note that classes cancelled due to inclement weather will not be made up or added onto the school year.

This policy is to be reviewed annually.

Date reviewed: Feb 27, 2011



## **MUNSTER CO-OP NURSERY SCHOOL** **~ Classroom Snack Policy ~**

During the scheduled snack time in the classroom program, parents are required to provide their child with a suitable snack/drink to be brought with them.

Munster Co-operative Nursery School being part of the Munster Elementary School is a nut free school. Please do not send any snacks to school with your child that contain or may contain nuts or traces of nuts.

With the introduction of the Anaphylaxis policy (see Anaphylaxis Policy section above) it may be necessary to eliminate other items from the nursery school if any other student or staff member is severely allergic. Please see the director for a list of "safe snacks" and appropriate snack suggestions if you are interested.

It is requested that parents provide their child's drink in a non-spill container as drinking boxes are not preferred. There are utensils and plates in the classroom that can be used. Please make sure that the snack is manageable for your child. Please ensure that all containers are well labeled.

Extra snacks are left in the classroom in case a child comes to school without a snack or a snack that does not fall under the safe snack list. If a child does not bring their snack on two consecutive school days, on the third occurrence the parent will be charged \$5.00 and \$3.00 per day on subsequent occurrences.

This policy is to be reviewed annually.

Date reviewed: Feb 27, 2011



## **MUNSTER CO-OP NURSERY SCHOOL** **~ Field Trip Policy ~**

Throughout the year, field trips may be made to special places of interest. The "Activities and Field Trips Consent Form" is completed as part of the registration package. Details for field trips requiring transportation will be sent home prior to the trip itself. If transportation is required for a field trip, it is the parent's responsibility to provide transportation to and from the destination of the trip. Parents must remain with their child on all field trips. Depending on the field trip siblings may be able to join us.

Field trips also include walks around the neighborhood of less than three blocks. Walks of less than three blocks are at the Director's discretion and do not require advance notice. A portable first aid kit will be taken on all field trips, regardless of distance.

This policy is to be reviewed annually.

Date reviewed: Feb 27, 2011

### **~ Activities and Field Trip Consent Form ~**

Field trips are activities that are part of the regular scheduled school program. The trips are of an educational nature and are related to the subjects being studied at school. Field trips also include walks of less than 3 blocks when our playground is not operational (e.g. too wet). You will be notified in advance of any upcoming field trips, not including walks of less than 3 blocks. Please note that certain field trips may only be scheduled for older classes, due to the length and/or content. Please also note that the class will be held at the field trip location.

Parents are responsible for their children on all field trips unless otherwise deemed by Teacher. This includes transportation and remaining with your child for the duration of the field trip. Parents are also to provide a snack/drink for their child on the field trip. Depending upon the trip, siblings may be able to join us.

I hereby give permission for \_\_\_\_\_ (child's name)  
to participate in all field trips that have been approved as part of the Munster Co-operative  
Nursery School programming.



## **MUNSTER CO-OP NURSERY SCHOOL ~ Confidentiality Agreement ~**

To be signed by all persons who may gain knowledge of private information through their dealings with the Munster Cooperative Nursery School- but not limited to- duty days, committee work, school outings, processing registrations, etc.

The sharing of private information is an integral part of conducting the business of the Munster Cooperative Nursery School; all program staff(including directors, teachers, program assistants and supply teachers) students, program advisors, board members, parents, "duty parents" and other volunteers must observe the confidentiality of this information.

The purpose of this policy is the protection of all forms of communication, related to children, program staff or students and their respective families at all times. Confidential information is to be shared, "behind closed doors" on a need-to-know basis only. Confidential information acquired may not be disclosed through informal discussions or casual conversations. Shared information is to be stated objectively, without judgmental statements or bias.

Each person is responsible for the security of confidential information collected and/or stored by him or her. Information obtained and stored must be relevant to the overall operation of the Nursery School or to an individual program. Parents/guardians, "duty parents", program staff, volunteers and students have the right to access any stored information about themselves or their children.

When an outside agency or individual requests confidential information about the students of the Munster Cooperative Nursery School, the written consent of the child's parent/guardian is required prior to the release of information.

Breaches of confidence as they relate to this policy may result in disciplinary action.

I \_\_\_\_\_, have read and understand the contents of this agreement pertaining to confidentiality. I do agree to abide by this agreement as it relates to the confidentiality policy of the Munster Cooperative Nursery School.



**MUNSTER CO-OP NURSERY SCHOOL**  
**~ Sign-Off Sheet for Parents/Volunteers ~**

I have received, read and understand the Classroom Management Policy, Anaphylaxis Policy, Playground Safety Rules, Inclement Weather Policy, Snack Policy and Field Trip Policy as outlined in the Registration Package for the Munster Cooperative Nursery School.

I understand the policies and agree to abide by them.

---

Child's Name

---

Parent/Volunteer's Signature

---

Date